

STATE OF INDIANA

COURT

In The Matter of _____

Case No. _____

A Child Alleged to be a Delinquent Child

FINANCIAL OBLIGATION ORDER

The State of Indiana appears by _____,
(Deputy/Prosecuting Attorney). Probation officer, _____, appears. The child,
_____, appears in person and with/without counsel,
_____, and the parent(s) (guardian) (custodian)
_____ appear in person.

The Delinquency petition comes on for (Detention) (Dispositional) (Review) (Modification)
(Permanency) Hearing.

☐ The Child;

☐ The Child's Parent(s), Guardian, Custodian: _____

- ☐ shall pay Court costs of \$_____;
- ☐ shall pay an Initial probation user's fee of \$ _____; (not less than \$25.00 nor more than \$100.00);
- ☐ shall pay a Monthly supervision fee of \$ _____; (not less than \$5.00 nor more than \$15.00);
- ☐ The Child is reasonably able to pay \$ _____ of the above (Cost) (Initial Fee) (Monthly fee).
- ☐ The Child's Parent(s), Guardian, Custodian is reasonably able to pay \$ _____ of the above (Cost) (Initial Fee) (Monthly fee).

☐ The reasonable value of the legal services provided to the child in this case is:

\$_____.

☐ _____
(Name of Parent(s), Guardian or Custodian) (Address)
is reasonably able to pay for said services and shall pay the sum of \$_____,
in payments of not less than \$ _____,
per (week) (month).

☐ _____
(Name of Parent(s), Guardian or Custodian) (Address)
is reasonably able to pay for said services and shall pay the sum of
\$_____, in payments of not less than \$ _____,
per (week) (month).

to the Clerk of Court, to be deposited by the Clerk in the { *Fund*

Account};_____.

[] The reasonable value of restitution to _____ is: \$_____.

[] The Child is reasonably able to pay restitution and shall pay the sum of \$_____, in payments of not less than \$ _____, per (week) (month).

[] The reasonable costs of the placement provided for or on behalf of the child in this case is \$_____.

[] (*if cost reimbursement ordered, not previously considered*) The cost incurred by (DCS) (_____ County) for _____ services on _____ (date) provided for or on behalf of the child in this case is \$_____. Estimated additional costs for the services are _____ dollars.

a. _____
(Name of Parent(s), Guardian or Custodian) (Address)
is reasonably able to pay all or a portion of said services and shall pay the sum of \$_____, in payments of not less than \$ _____, per (week) (month).

b. _____
(Name of Parent(s), Guardian or Custodian) (Address)
Is reasonably able to pay all or a portion of said services and shall pay the sum of \$_____, in payments of not less than \$ _____ per (week) (month) to the Clerk of this Court and is assigned to and shall be distributed to (the Department of Child Services) (_____ County) to be deposited in the {*Fund Account*}: _____) until further order of this court.

[] (*if assignment of existing child support order*) The existing child support order against _____ under case number _____ is assigned to (the Department of Child Services) (_____ County to be deposited in the {*Fund Account*}; _____) until further order of this court. The Clerk of Court is directed to notify the _____ Court of the assignment and assumption of jurisdiction by this Court.

[] (*if no existing child support order*) Pursuant to the Child Support guidelines, Father, _____, shall pay support, in the amount of \$_____ per _____ effective _____ and each _____ thereafter until further order of this Court. Mother _____ shall pay support, in the amount of \$_____ per _____ effective _____ and each _____ thereafter until further order of this Court.

[] The court, having considered the child support worksheet submitted by the parent or

Revised:

guardian and having received additional information through testimony hereby finds the child support guidelines would be unjust or inappropriate considering the best interests of the child and other necessary obligations of the family based on the following: _____

If payments are made by income withholding order, check, or money order, payment shall be made to the Indiana State Central Collection unit (INSCCU). All cash payments shall be made to the _____ County Clerk. The child support payable under this order, as well as the cost of any medical care payable by the State under I. C. 12-15 is assigned to and shall be distributed to (the Department of Child Services) (_____ County to be deposited in the { *Fund Account* } : _____) until further order of this court.

SO ORDERED this _____ day of _____, 20____.

Judge

Distribution: